



Statement of Organization CANDIDATE

☐ **New Candidate**
☐ **Amended Statement**

*Please read instructions before completing this form.

Candidate's Information					
Candidate Information	Mr./Ms.	Last Name	First Name	Date of Birth	
	Office Sought		District (if one)	Political Party	Date of Election
	Street Address (Residence)		Suite #		
	City	State	Zip	County or City	
	Email Address (*See Instructions)		Daytime Phone #		
Campaign Committee's Mailing Address					
Campaign Committee's Mailing Address	Name of Candidate Campaign Committee				
	Street Address/PO Box		Suite #		
	City	State	Zip		
	Email Address		Daytime Phone #		
Treasurer Information					
Treasurer's Name and Address	Mr./Ms.	Last Name	First Name	Date of Birth	
	Street Address (Residence)		Suite #		
	City	State	Zip	County or City	
	Email Address		Daytime Phone #		
Campaign Depository					
Primary Financial Institution and Address		Secondary Financial Institution and Address (if applicable)			



Statement of Organization CANDIDATE

Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9 of the <u>Code of Virginia</u>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or non-filed reports in the manner required by the <u>Code of Virginia</u>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate's Signature Date </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9 of the <u>Code of Virginia</u>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <u>Code of Virginia</u> for late or non-filed reports. I also understand that if I provide false information on any document submitted to the State Board of Elections that I may be subject to a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Treasurer's Signature Date </div>

Please Note: The section below is not required to be submitted by candidates for local office. This page is required to be filled out only by candidates for the General Assembly or for Statewide offices.

Filing Method	
Electronic Filing Agreement <small>(Does Not Apply to Candidates for Local Office)</small>	<p><input type="checkbox"/> Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign finance disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to electronically file using Virginia's <i>VAFiling</i> Program.</p> <p style="margin-left: 40px;"><input type="checkbox"/> I intend to use an SBE Approved Vendor</p> <div style="margin-left: 40px; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> <small>(Please Enter Name of Vendor)</small> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div> <p style="margin-top: 20px;"><input type="checkbox"/> Paper Filer - I, as treasurer of this campaign committee, understand that if I choose to file this campaign's finance disclosure reports on paper that I must submit the reports to the State Board of Elections and to the electoral board where the candidate resides.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> <div style="width: 45%; border-top: 1px solid black; margin-top: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature Date </div>



Instructions for Completing This Form

General Guidelines

1. Candidates for local office must submit the original copy of this form to the General Registrar or local electoral board's office.
2. For General Assembly Candidates, a copy of this entire form must be submitted with the local electoral board of the county or city in which the candidate is a resident and to the State Board of Elections at 200 N. 9th St., #101, Richmond, VA, 23219.
3. This form must be written in ink or typed or it will be rejected.
4. All requested information on the form is required unless otherwise noted below.
5. An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

Candidate Information

1. Enter the full name of the candidate.
2. Enter the Date of Birth of the candidate (this is required to verify voter status.)
3. Enter the office sought (e.g. Board of Supervisors).
4. Enter the district for which the candidate is running (if one).
5. Enter the political party of the candidate (in the absence of a political party, please enter "Independent").
6. Enter the date of the office's election. **NOTE:** Please Enter the General Election date and not Primary date.
7. Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
8. Enter the county or city of the candidate's residence.
9. Enter the email address of the Candidate (if one).
10. Enter the Candidate's daytime phone number.

Campaign Committee's Mailing Address

1. Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
2. Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
3. Enter the Campaign Committee's email address
*This field is required if you intend to file electronically. This field is optional if you intend to file on paper. Please note that the **State Board of Elections** will use this email address as its primary means of communication. If the email address ever changes, it is the responsibility of the treasurer to amend this Statement to ensure that they continue to receive updates and acknowledgements from the State Board of Elections.
4. Enter the campaign's primary daytime phone number.

Treasurer Information

1. The Treasurer must be a registered voter in Virginia.
2. Enter the name of the Treasurer for the campaign committee.
3. Enter the Treasurer's date of birth (this is required to verify voter registration status).
4. Enter the home mailing address for the Treasurer.
5. Enter the county or city of residence.
6. Enter the email address of the Treasurer.
7. Enter the Treasurer's daytime phone number.



Instructions for Completing This Form

Campaign Depository

- Enter the names and addresses of the committee's financial institutions.
*The committee's depository must be in a financial institution within the Commonwealth.

Signatures

- The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.

Filing Method (This section is not required for candidates for local offices)

- Candidates for local or constitutional offices cannot file electronically and therefore are not required to fill out this section.
- Enter whether the candidate campaign committee intends to file all of their campaign finance disclosure reports electronically.
 - **VA Filing Option**
 - If you choose to use SBE's VAFiling software, SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.
 - **Approved Vendor Option**
 - If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for e-filing. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: <http://www.sbe.virginia.gov/>